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|---------------------------|----------|--------|----------|
| POSITION                  | INITIALS | ID NO. | DATE     |
| FEE DETERMINATION         | AS       |        | 10/19/00 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | MM       | 780    | 11-17-00 |
| RESPONSE FORMALITY REVIEW | A-M      | JL 580 | 11-11-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here.

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